

C2015 162 684



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: ELLAWISH LLC

AGENT: JOSE A DE CASTRO SR0890135

TELEPHONE: 305-281-5128

MAILING ADDRESS: 15362 SW 36 TERRACE MIAMI FLA.33185

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 15 BLOCK: 14 SUBDIVISION: ACME GULFAIR PB-4087 PLATTED: 1949

PROPERTY ID #: 30-3103-014-1870 ZONING: 0802MULT. I/M OR EQUIVALENT: [Y / X]

PROPERTY SIZE: 0.21 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / X] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 2419 NW 99 ST. MIAMI, FLA.33147

DIRECTIONS TO PROPERTY: 22 AVE NORTH TO NW 99 ST. LEFT TURN TO THE NUMBER.

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1 | SFR | 2 | 1449 | EXISTING A/C LIVING AREA |
| 2 | | | 205.57 | BATHROOM ADDN. |
| 3 | | | | |
| 4 | Total | 2 | 1554.54 | NEW A/C LIVING AREA |

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GENERAL SIGNATURE

DATE: 3/5/16

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Page 1 of 4

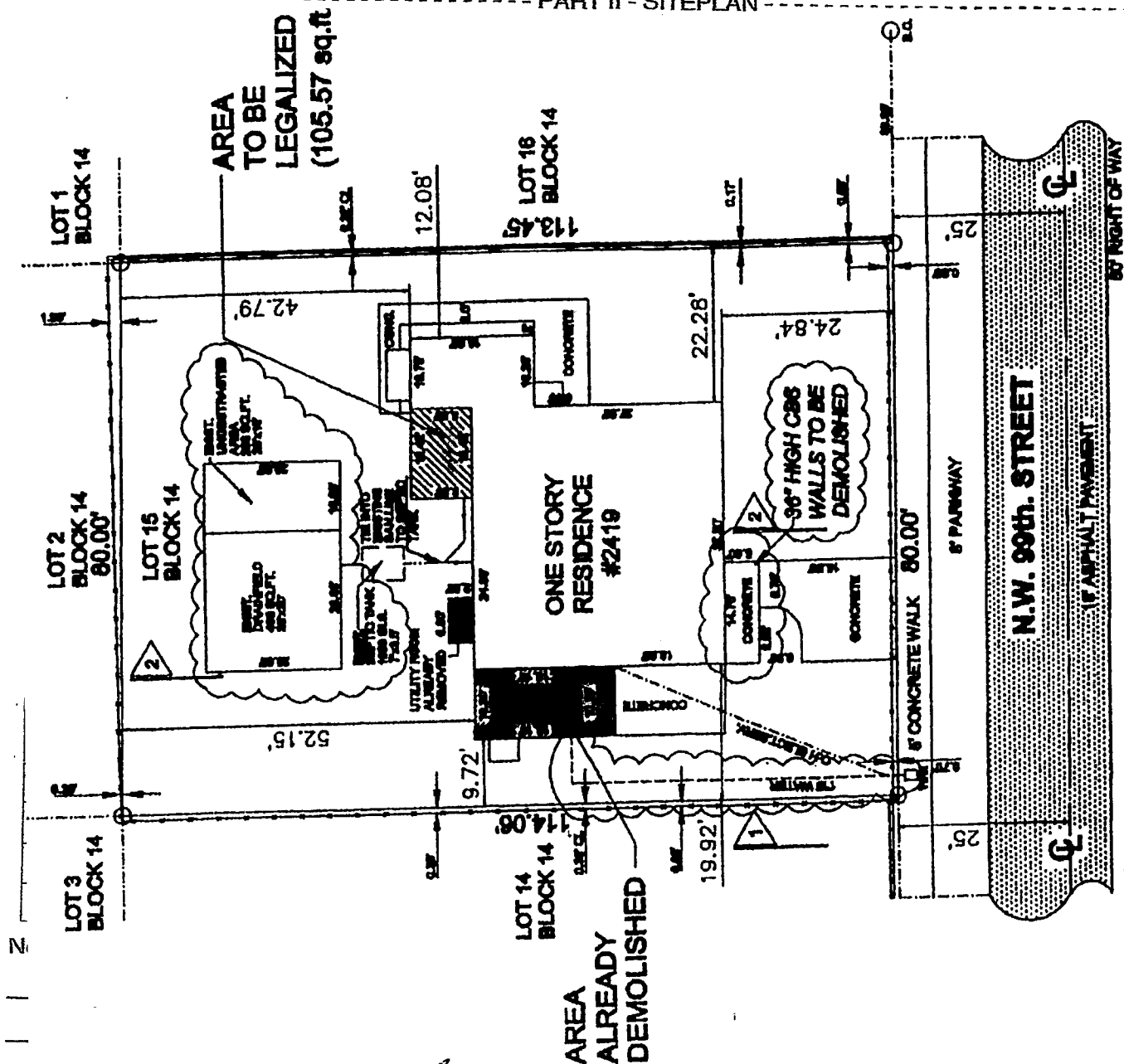
Jose A. de Castro



STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITEPLAN



SITE PLAN

Site Plan submitted by: _____

Plan Approved _____

Signature

Not Approved _____

Date

Title

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County Health Department

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. _____

APPLICANT: ELLAWISH LLC AGENT: JOSE A DE CASTRO SR0890135

LOT: 15 BLOCK: 14 SUBDIVISION: ACME GULFAIR PB-40-87

PROPERTY ID #: 30-3103-014-1870 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 0.21 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 200 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: 525 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 600+ SQFT UNOBSTRUCTED AREA REQUIRED: 300 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 9.98' FF EXISTING RESIDENCE
ELEVATION OF PROPOSED SYSTEM SITE IS 11.52" [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: N/A FT DITCHES/SWALES: N/A FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: N/A FT LIMITED USE: N/A FT PRIVATE: N/A FT NON-POTABLE: N/A FT
BUILDING FOUNDATIONS: 6 FT PROPERTY LINES: 17 FT POTABLE WATER LINES: 33 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: N/A FT MSL/NGVD SITE ELEVATION: 9.02' FT MSL/NGVD

Contour Map wet 3.5'

SOIL PROFILE INFORMATION SITE 1

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|---------------------------------|---------------|------------|
| 10YR-5/1 GY | SAND | 0" TO 36" |
| 10YR-8/3 V P BN | OOLITIC LIMES | 36" TO 36" |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| USDA SOIL SERIES: 15 URBAN LAND | | |

SOIL PROFILE INFORMATION SITE 2

| MUNSELL #/COLOR | TEXTURE | DEPTH |
|---------------------------------|---------------|------------|
| 10YR-5/1 GY | SAND | 0" TO 36" |
| 10YR-8/3 V P BN | OOLITIC LIMES | 36" TO 36" |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| | | TO |
| USDA SOIL SERIES: 15 URBAN LAND | | |

OBSERVED WATER TABLE: N/R INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / (APPARENT)]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 66.24" INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☐ YES ☒ NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.6 DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: ☐ TRENCH ☒ BED ☐ OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

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SITE EVALUATED BY: JOSE A DE CASTRO SR0890135

DATE: 3/5/16



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: ELLAWISH LLC

CONTRACTOR / AGENT: JOSE A DE CASTRO --- -SR. 0890135

LOT: 15 BLOCK: 14 SUBDIV: ACME GULFAIRPB-40-87 ID#: 30-3103-014-1870

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, (SEPTIC TANK CONTRACTOR) OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

| | | | | |
|-------------|-----------------------------|---------------|--------------------|------------------|
| [1050] | GALLONS SEPTIC TANK/GPD ATU | LEGEND: N/A | MATERIAL: CONCRETE | BAFFLED: [Y / N] |
| [3'8"X9'3"] | GALLONS SEPTIC TANK/GPD ATU | LEGEND: _____ | MATERIAL: _____ | BAFFLED: [Y / N] |
| [X11] | GALLONS GREASE INTERCEPTOR | LEGEND: _____ | MATERIAL: _____ | |
| [] | GALLONS DOSING TANK | LEGEND: _____ | MATERIAL: _____ | # PUMPS: [] |

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 11 / 12 / 15 BY MIAMI-DADE ENVIRONMENTAL SERVICES, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR AMERICA SEPTIC TANK CORP 7/4/16
BUSINESS NAME DATE

EXISTING DRAINFIELD INFORMATION

[400] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: 20' X 20'
[] SQUARE FEET SYSTEM NO. OF TRENCHES [] DIMENSIONS: X
TYPE OF SYSTEM: [X] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [X] BED []
DESIGN: [X] HEADER [] D-BOX [X] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 20 (INCHES) [ABOVE] [(BELOW)]

SYSTEM FAILURE AND REPAIR INFORMATION

[1949] SYSTEM INSTALLATION DATE TYPE OF WASTE [X] DOMESTIC [] COMMERCIAL
[200] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [X] TABLE 1, 64E-6, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY []

NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []

FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
SYMPTOM: [] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA

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SUBMITTED BY: JOSE A DE CASTRO TITLE/LICENSE SR 0890135

DATE: 7/4/16

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

WELL FORM

DOH# _____

Chapter 64E-6.004(3)(a), F.A.C.:

A plan or plat of the lot or total site ownership drawn to scale, showing boundaries with dimensions, locations of any existing or proposed residences or buildings, swimming pools, recorded easements, the on-site sewage treatment and disposal system components and their location on the property, the slope of the property and any existing or proposed wells, potable and non-potable water lines, including valves, drainage features, filled areas, unobstructed areas, and surface water bodies. The site plan shall indicate the location of wells, on-site sewage treatment and disposal systems, surface waters and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated to the feature must also be shown but need not be drawn to scale. The location of any public drinking water well, as defined in Chapter 64E-6.002(44)(b), within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well, and the location of limited use public water system or other public wells, as defined in Chapter 64E-6.002(44)(b), within 100 feet of the applicant lot must also be shown, or as defined in Chapter 64E-6.002(44)(a), F.A.C., within 75 feet from a private potable water well (well used only by one or two residences).

Chapter 24-12(18), Miami-Dade County Code:

The minimum separation between a well or wells and possible sources of contamination shall be a function of the drawdown radius of influence of the well or wells. In no case shall the well be located less than one hundred (100) horizontal feet from any source of contamination.

I have read the above and to the best of my knowledge I have provided the Department with full information regarding pertinent facilities and features on all adjacent properties. Furthermore, I understand that any on-site sewage treatment and disposal system permit issued on the basis of said facilities and feature as provided by me and found to be incorrect will be subject to revocation in accordance with the provisions of Chapter 120, Florida Statutes.

Property Address: 2419 NN 99th Miami, FL 33147**Miami Dade County Department of Regulatory And Economic Resources - Job Copy****0000331469 - 7/21/2016 2:19:15 PM**Date: 3/5/16

Signature: _____

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Florida Services Inc
Miami Dade Environmental Services, Inc.

8290 LAKE DR S#334

DORAL, FL 33166

PH: 786-251-4099 786-251-4152

FAX: 305-513-9200

DATE: November 12, 2015

TIME: 11:20 am

INVOICE: 41081

P.O.#: 1222

CUSTOMER/JOB INFORMATION:

NAME: ELLAWISH LLC

PHONE: (305) 503-2960

ADDRESS: 3418 W. 84 ST. #104

PAGER: _____

CITY/STATE/ZIP: Hialeah, FL 33016

FAX: _____

JOB ADDRESS: 2419 NW 99 ST. miami, FL 33147

SERVICE:

☒ PUMP SEPTIC/GREASE TANK

\$ 250

1050 GALLONS

☐ SEPTIC SYSTEM INSPECTION

\$ _____

☐ OTHER:

\$ _____

\$ _____

TOTAL AMOUNT DUE

1 Pump. Septic Tank → 01/47

PAYMENT TYPE:

☐ CASH

☒ CHECK NO. 1102

☐ CHARGE: NET _____ DAYS

☐ CREDIT CARD: APPROVAL # _____

DRAINFIELD CONDITION:

☒ GOOD

☐ BAD

SEPTIC TANK CONDITION:

☒ GOOD

☐ NEED PUMPING

☐ NEED LID(S)

PROPOSAL/CONTRACT

PAYMENT TERMS:

\$ 250 TOTAL DUE

\$ _____ DOWN PAYMENT

\$ paid DUE AT COMPLETION

10% LATE FEE AFTER FIVE DAYS

INCLUDED:

☐ SPRINKLER REPAIR

☐ RESODDING

☐ PERMIT(S)

☐ LEAVE JOB CLEAN & LEVEL

☐ HAUL AWAY EXCESS FILL

☐

ACCEPTANCE AND APPROVAL OF JOB SPECIFICATIONS:

IN THE EVENT THE CUSTOMER FAILS TO MAKE PAYMENT, THE OWNER AND HOLDER OF THIS DOCUMENT SHALL BE ENTITLED TO REASONABLE ATTORNEY'S FEES ON COLLECTION. MIAMI DADE ENVIRONMENTAL SERVICES, INC. IS NOT RESPONSIBLE FOR ANY DAMAGE TO UNDERGROUND INSTALLATIONS, SPRINKLER SYSTEMS, WATER LINES, OR LANDSCAPING NOT PROPERLY IDENTIFIED BY THE CLIENT PRIOR TO THE EXECUTION OF THE JOB. REPLACEMENT OF SOD, RELOCATION OR REPAIR OF SPRINKLER OR WATER LINES WILL BE CHARGED TO THE CUSTOMER.

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SIGNATURE/DATE

SIGNATURE/DATE

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name
ELLA WISH LLC

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
2419 NW 99 ST

City
MIAMI

State
FLORIDA

ZIP Code
33147

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Folio #: 30-3103-014-1870

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **N 25°51'53.06"** Long. **W 80°14'19.50"** Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **1A**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **N/A** sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A8.b **N/A** sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

a) Square footage of attached garage **N/A** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A9.b **N/A** sq in

d) Engineered flood openings? ☐ Yes ☒ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
MIAMI-DADE COUNTY 120635

B2. County Name
MIAMI-DADE COUNTY

B3. State
FLORIDA

B4. Map/Panel Number
12086C0301L

B5. Suffix
L

B6. FIRM Index Date
9/11/2009

B7. FIRM Panel Effective/Revised Date
9/11/2009

B8. Flood Zone(s)
AH

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
9.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?
Designation Date: **N/A** ☐ CBRS ☐ OPA ☐ Yes ☒ No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **L-17-R**

Vertical Datum: **NGVD 1929**

Indicate elevation datum used for the elevations in items a) through h) below. ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: **N/A**
Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)

9.98

Check the measurement used.

☒ feet ☐ meters

b) Top of the next higher floor

N/A

☒ feet ☐ meters

c) Bottom of the lowest horizontal structural member (V Zones only)

N/A

☒ feet ☐ meters

d) Attached garage (top of slab)

N/A

☒ feet ☐ meters

e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments)

9.77

☒ feet ☐ meters

f) Lowest adjacent (finished) grade next to building (LAG)

9.02

☒ feet ☐ meters

g) Highest adjacent (finished) grade next to building (HAG)

9.28

☒ feet ☐ meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support

N/A

☒ feet ☐ meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

☒ Check here if comments are provided on back of form.

☐ Check here if attachments.

Where latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name **Fernando Gomez**

License Number **5259**

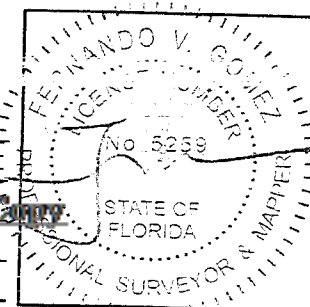
Title **PROFESSIONAL SURVEYOR & MAPPER** Company Name **Online Land Surveyors Inc.**

Address **15271 NW 60 AVE Suite 208** City **Miami Lakes**

State **FL** ZIP Code **33014**

Signature **0000931469-7/21/2016 2:19:15 PM** Date **7/20/2015**

Telephone **(305) 910-0123**



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FEIMA Form 086-0-33 (7/12)

See reverse side for continuation.

Replaces all previous editions.

ELEVATION CERTIFICATE, page 2

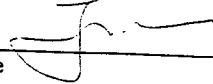
IMPORTANT: In these spaces, copy the corresponding information from Section A.

| | | | |
|--|-------------------|---------------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2419 NW 99 ST | | FOR INSURANCE COMPANY USE | |
| City MIAMI | | Policy Number: | |
| State FL | ZIP Code 33147 | Company NAIC Number: | |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments LATITUDE LONGITUDE PER GOOGLE, ATTACHMENTS = BUILDING PICTURES
C2(E) DENOTES TO AIR CONDITIONER PAD
BM# L- 17-R LOCATOR: 3120 S ELEVATION = 9.25

Signature  Date 2/20/2015

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☒ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☒ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☒ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is _____ ☒ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ ☒ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☒ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

☐ Check here if attachments.

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G10) is provided for community floodplain management purposes.

| | | |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☒ feet ☐ meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☒ feet ☐ meters Datum _____
- G10. Community's design flood elevation: _____ ☒ feet ☐ meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Miami-Dade County Department of Regulatory And Economic Resources - Job Copy

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